

**CIVIL ACTION
COVER SHEET**

DOCKET NO.(S)

Trial Court of Massachusetts
Superior Court Department
County: Suffolk

PLAINTIFF(S)

Terry Gexler

ATTORNEY, FIRM NAME, ADDRESS AND TELEPHONE

Michael R. Rawson, Rawson Merrigan & Merrigan,
530 Atlantic Ave., Boston, MA 02210

Board of Bar Overseers number:

555361 617 348 0988

DEFENDANT(S)

United Parcel Service Co.

ATTORNEY (if known)

Origin code and track designation

Place an x in one box only:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1. F01 Original Complaint | <input type="checkbox"/> 4. F04 District Court Appeal c.231, s. 97 & 104 (After trial) (X) |
| <input type="checkbox"/> 2. F02 Removal to Sup.Ct. C.231,s.104 (Before trial) (F) | <input type="checkbox"/> 5. F05 Reactivated after rescript; relief from judgment/Order (Mass.R.Civ.P. 60) (X) |
| <input type="checkbox"/> 3. F03 Retransfer to Sup.Ct. C.231,s.102C (X) | <input type="checkbox"/> 6. E10 Summary Process Appeal (X) |

CODE NO.

TYPE OF ACTION AND TRACK DESIGNATION (See reverse side)
TYPE OF ACTION (specify) TRACK IS THIS A JURY CASE?B22Refusal to Hire

(F)

(x) Yes

() No

The following is a full, itemized and detailed statement of the facts on which plaintiff relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.**TORT CLAIMS**

(Attach additional sheets as necessary)

A. Documented medical expenses to date:

- | | |
|--|-------------------|
| 1. Total hospital expenses | \$ |
| 2. Total Doctor expenses | \$ |
| 3. Total chiropractic expenses | \$ |
| 4. Total physical therapy expenses | \$ |
| 5. Total other expenses (describe) | \$ |
| | Subtotal \$ |

B. Documented lost wages and compensation to date \$ 134,000.00**C. Documented property damages to date** \$**D. Reasonably anticipated future medical and hospital expenses** \$**E. Reasonably anticipated lost wages** \$ 50,000.00**F. Other documented items of damages (describe) Attorney's Fees & Expenses to date** \$ 3,000.00**G. Brief description of plaintiff's injury, including nature and extent of injury (describe)** \$ 187,000.00The defendant has refused to rehire the Plaintiff in violation of
M.G.L. Ch.152 sec.75A. Plaintiff seeks monetary damages and further damages
per said statute.**TOTAL \$ 187,000.00****CONTRACT CLAIMS**

(Attach additional sheets as necessary)

Provide a detailed description of claim(s):

TOTAL \$**PLEASE IDENTIFY, BY CASE NUMBER, NAME AND COUNTY, ANY RELATED ACTION PENDING IN THE SUPERIOR COURT DEPARTMENT****"I hereby certify that I have complied with the requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods."**Signature of Attorney of Record [Signature]DATE: 8/24/04